

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

59-015246

STATE FILE NUMBER

2 3533

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4336 Lindell Blvd.		d. STREET ADDRESS 4336 Lindell Blvd.	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Jane Kintz		4. DATE OF DEATH Month Day Year April 7, 1959	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1865
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-at home		9b. AGE (In years last birthday) 93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-at home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Hardin, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James Hill		14. MOTHER'S MAIDEN NAME Adeline House	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Miss Armella G. Kintz, 4336 Lindell Blvd.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>General Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis Heart Disease</i> DUE TO (c) <i>420.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 15 yrs 8 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1-59 to APRIL 7-59 and last saw him alive on APR. 5-59 Death occurred at 11:20 pm on the date stated above; and to the best of my knowledge, from the causes stated		22a. SIGNATURE (Deceased or title) Dr. Francis Medla MD	
22b. ADDRESS 4114 W. Florissant		22c. DATE SIGNED 4/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. APR 9 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		27. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis Million*

Licensed Embalmer No. *3*

P. O. Address *38402*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.